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CONFIRMATION NO. 4585

<b>SERIAL NUMBER</b> 10/808,187	<b>FILING OR 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> V9661.0078
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/457,031 03/24/2003  
and claims benefit of 60/457,730 03/26/2003  
and claims benefit of 60/459,931 04/02/2003  
and claims benefit of 60/460,357 04/03/2003  
and claims benefit of 60/461,265 04/08/2003  
and claims benefit of 60/462,805 04/14/2003  
and claims benefit of 60/464,886 04/23/2003  
and claims benefit of 60/468,139 05/05/2003  
and claims benefit of 60/471,200 05/16/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 10/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CHINA	SHEETS DRAWING 94	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 13
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

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## TITLE

DIAGNOSTIC ASSAY FOR THE HUMAN VIRUS CAUSING SEVERE ACUTE RESPIRATORY SYNDROME  
(SARS)

<b>FILING FEE RECEIVED</b> 1964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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	<input type="checkbox"/> Other _____
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